

5-230 1922

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33776 B

1. PLACE OF DEATH

County New Madrid
 Township Portageville
 City Portageville (No.)

Registration District No. 607
 Primary Registration District No. 4361

File No. 26
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Portageville
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Raymond Fields

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nettie Estes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

14. INFORMANT Raymond Fields
 (Address) Portageville Mo

15. FILED 9/2-27 Ch. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1919

17. I HEREBY CERTIFY That I attended deceased from Nov 26, 1919, to Nov 27, 1919, that I last saw alive on Nov 27, 1919, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Some Gastric trouble
& Convulsions

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Ph. Microscopic

(Signed) Ph. Microscopic, M. D.
 , 19 (Address) Portageville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Portageville Cemetery

DATE OF BURIAL 11/28 1919

20. UNDERTAKER R. Young

ADDRESS Portageville Mo

